

**RECORDS REQUEST**  
**LFUCG Records Center and Archives**  
Office of the Council Clerk

**Records Needed:**  
\_\_\_ **Immediately**  
\_\_\_ **24 hours**  
\_\_\_ **48 hours**  
\_\_\_ **3-4 days**

<b>Requesting Division/Department/Local Government Office</b>				<b>Telephone Number and Fax Number</b>		
<b>Requested by (Name)</b>				<b>Date of Request</b>		
<b>Dept./Div./Local Govt. Office Records Coordinator Signature</b>					<b>Date</b>	
<b>Records Coordinator Signature of Originating Dept. /Div./Local Govt. (If different from above).</b>					<b>Date</b>	
Location In Center	Box Number	Number of Records Requested	Record Description	Date File Will Be Returned	<b>Record</b>	
					Out	In

**Fax a copy to the Records Center @ 425-2073.**  
**Retain a copy until you receive a faxed copy back signed by the Council Clerk's Office.**

**Council Clerk's Office Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>RCA Use</b>		
<b>Retrieved by/Date</b>	<b>Received by/Date</b>	<b>Refiled by/Date</b>
<b>Total number of copies made</b> _____		<b>Notes</b>

**Please call 425-2071 if you have any questions.**

**RR-10/06**